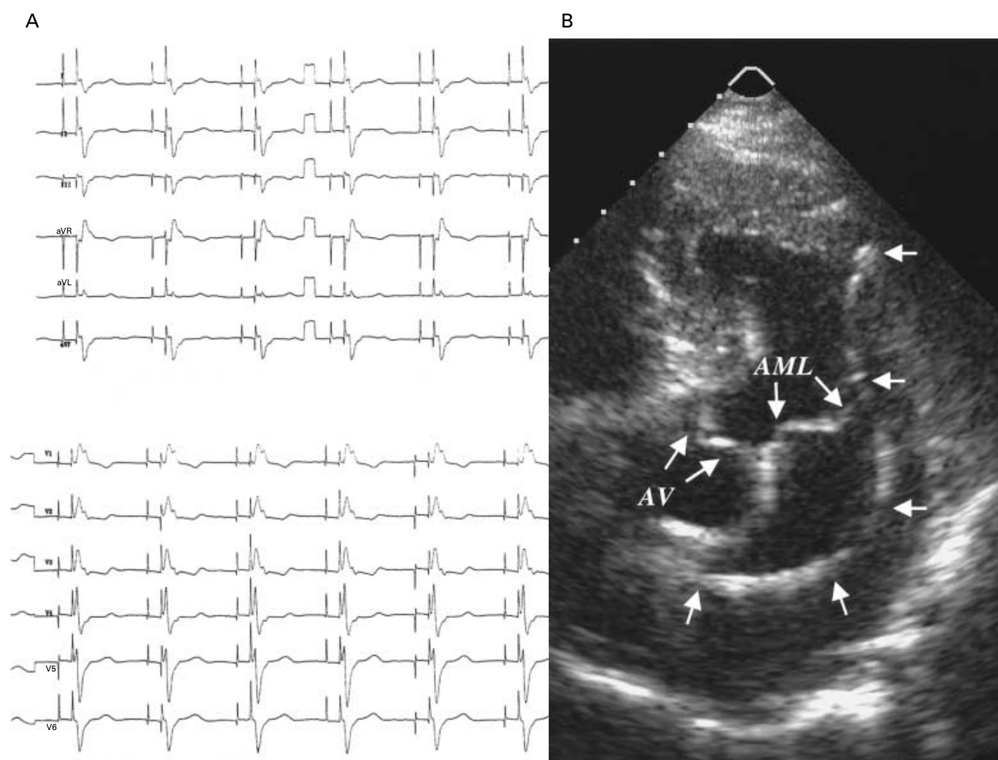
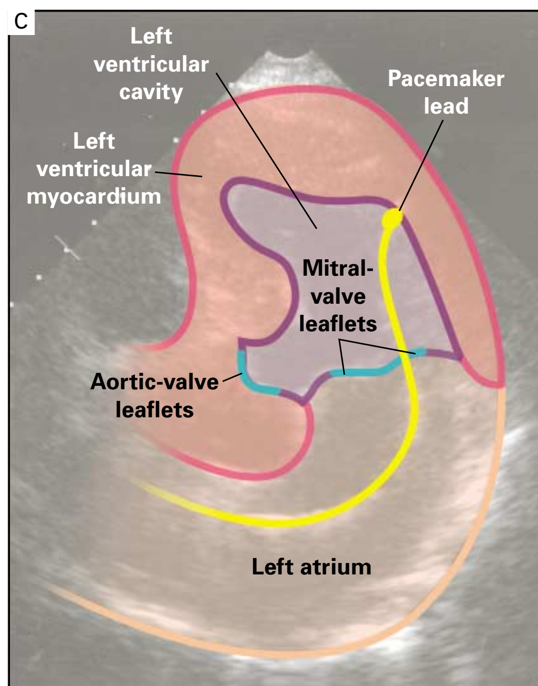


Malposition of Dual-Chamber Pacemaker Lead



A 78-year-old man with a history of arterial hypertension and coronary artery disease was initially admitted to our hospital with atypical chest pain. Four years earlier, he had received a dual-chamber pacemaker because of sick sinus syndrome. His medications included aspirin, a beta-blocker, and an angiotensin-converting–enzyme inhibitor. An acute coronary syndrome was ruled out as the cause of his chest pain. Electrocardiography (Panel A) showed atrial and ventricular pacemaker spikes followed by a pattern of depolarization resembling that associated with right bundle-branch block, rather than the typical pattern of left bundle-branch block. Subsequent echocardiography demonstrated that a pacemaker lead crossed the interatrial septum, passed through the mitral valve, and entered the lateral left ventricular myocardium (arrows in Panel B), as shown in Panel C. AV denotes aortic valve, and AML anterior mitral-valve leaflet. No action was taken, since there had been no complications during the previous four years and the pacemaker and lead functions were normal.

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